

**THE OFFICE OF THE INSPECTOR GENERAL**

**DMHMRSAS**

**SOUTHEASTERN VIRGINIA TRAINING CENTER**

**PRIMARY INSPECTION**

**ANITA S. EVERETT, MD**

**INSPECTOR GENERAL**

**OIG REPORT # 44-01**

**EXECUTIVE SUMMARY**

This report summarizes the findings during a primary inspection of Southeastern Virginia Training Center, which occurred from May 29-31, 2001.

Primary inspections are routine unannounced comprehensive visits to the mental health and mental retardation facilities operated by the Commonwealth of Virginia. The purpose of this inspection is to evaluate components of the quality of care delivered by the facility and to make recommendations regarding performance improvement. The items identified for review in this report were selected based on the relevance to current reform activity being undertaken in Southeastern Virginia Training Center as well as other facilities in Virginia. This report intentionally focused on those issues that relate most directly to the quality of professional care provided to residents of the facility. It is intended to provide a view into the current functioning of the training center.

Overall, the facility is well maintained. During the tours of the facility, which occurred throughout the inspection process, it was noted that overall the facility was clean and odor-free. Renovations were occurring in several of the buildings, which required the sharing of spaces and many adjustments in space allocation and usage. Issues with the use of space and the storage of equipment and other items were noted.

The staff at SEVTC maximizes its efforts to provide the residents with active treatment opportunities despite staffing limitations. Significant staff shortages, many in key positions, presents the most significant challenge for this facility.

A number of findings both of merit and concern have been outlined in this report, along with associated recommendation.

**Facility:** Southeastern Virginia Training Center

Chesapeake, Virginia

**Date:** May 29-31, 2001

**Type of Inspection:** Primary Inspection / Unannounced

**Reviewers:** Anita Everett, MD

Jayne Shepherd, MS, OTR/L

Cathy Hill, M.Ed.

Heather Glissman, BA

**Purpose of the Inspection:** To conduct a comprehensive inspection of the facility as an aspect of routine on-going quality reviews.

**Sources of Information:** Interviews were conducted with staff, ranging from members in leadership positions to direct-care workers. Documentation reviews included, but was not limited to: resident treatment records, Policies and Procedures, committee minutes, facility training materials, Performance Improvement/QA projects, and statistics regarding resident complaints. Activities and staff/resident interactions were observed.

**Areas Reviewed:** Section One / Treatment with Dignity and Respect

Section Two / Locked Time-out and Restraint

Section Three / Active Treatment

Section Four / Treatment Environment

Section Five / Access to Medical Care

Section Six / Public-Academic Relationships

Section Seven / Notable Administrative Activities

Section Eight / Facility Challenges

## **INTRODUCTION:**

This report summarizes the findings during a primary inspection of Southeastern Virginia Training Center, which occurred from May 29-31, 2001.

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## **FACILITY BACKGROUND INFORMATION:**

Southeastern Virginia Training Center is one of five facilities within the Commonwealth that provides services to persons with mental retardation. The facility began operations twenty-five years ago. The current census is approximately 200 residents who are predominantly adults. The majority of residents served by the facility are classified as severely and profoundly mentally retarded. This facility is certified as an intermediate care facility (ICF-MR).

The training center is located in the City of Chesapeake on approximately 120 acres. The Center provides services primarily to the community services boards across the Greater Hampton Roads area. Admissions and discharges from elsewhere across the Commonwealth occur.

<b>TREATMENT WITH DIGNITY AND RESPECT</b>
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**Finding 1.1: Throughout the interview, staff were observed treating the residents with dignity and respect.**

Background: There were many opportunities throughout the inspection to observe the interactions between the staff and residents. Staff, of all disciplines, were noted to interact in a respectful manner treating the residents with dignity. Staff had a good working knowledge of each resident's strengths and areas targeted for improvement. Pleasant exchanges were observed. Members of the Buildings and Grounds staff were noted to be able to identify the residents by first name. Staff spoke fondly of the residents and often attributed their desire to continue to work at the facility to the bond they feel with the residents.

**Recommendation: Continue to foster an environment that treats the residents with dignity and respect.**

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**Finding 1.2: The advocate at SEVTC has a proactive role in assuring the rights of the residents.**

Background: The advocate maintains that the development of a good working relationship with the administration in addressing and assuring the rights of the residents at this facility has proven to be a very valuable tool. Efforts have been made to assure that the advocate has access to information that could have some impact on the residents. He felt that his ability to participate in the morning report process at the facility enables him to identify areas of concern for further consideration, as appropriate, in a very timely manner. This meeting involves a review of significant events during the preceding 24 hours, including medical concerns, injuries, or other incidents. Typically, the Facility Director, Advocate, the Director of Nursing and the Safety Officer/Risk Manager attend the meeting. The meeting continues but is somewhat hampered by the facility's difficulty in finding a suitable candidate to fill the vacant risk manager/safety officer position.

Staff interviewed supported the work of the advocate. The majority indicated that they felt confident that any concerns they identified would be appropriately addressed. Overall, the staff were capable of identifying issues related to abuse and neglect, including the procedures to follow in the event that an incident of abuse or neglect was identified.

There is an active LHRC associated with this facility. This facility was one of the first to undergo an appeal process of a decision regarding the outcome of an abuse investigation completed by Central Office employees.

**Recommendation: None.**

## LOCKED TIME-OUT AND RESTRAINT

**Finding 2.1: The Locked Time-Out Room in one of the Cottages does not allow for continuous observation.**

Background: The more traditional process used when residents are experiencing behavioral difficulties is referred to as locked time-out. This is when residents are removed from the stimulating situation and placed in a room, which is secured by staff until the behavioral difficulty has been resolved. The doors to locked time-out rooms are equipped with a handle lock that will not stay shut unless held in place by a staff. This is to assure that staff are present throughout the procedure. Residents in locked time-out are to be under continuous observation. Locked Time-Out rooms are located in several cottages around the facility campus. In the cottage noted, the door is equipped with a small observation hole, similar security “peepholes” to those in hotel room doors. These allow for such limited observation that unless the resident is standing directly in front of the door, the resident cannot be clearly seen. This does not allow staff to provide continuous observation of the resident as required by current policy and procedures. Locked time-out is the most restrictive form of time out and requires the development of behavioral plans and ongoing oversight by several committees.

**Recommendation: Develop a method of monitoring a resident that is placed in locked time-out so that constant observation occurs.**

## ACTIVE TREATMENT

**Finding 3.1: The facility has implemented a nutritional management program.**

Background: At the time of the inspection, it was learned that the nutritional management assessment process had been completed with all the residents. Speech and occupational therapists are the case managers for nutritional management of all clients and have been afforded appropriate training opportunities with national experts. There is an individual charged with the responsibility of reviewing client dietary needs and to make recommendations for diet changes. She works approximately 28 hours a week. This individual consults with a registered dietician about changes after monitoring client weights and concerns from staff.

The Nutritional Management Team meets every other week to routinely review nutritional management needs with the cottage case managers and staff. This meeting allows time to trouble shoot current problems with nutritional management and to complete a formal comprehensive re-evaluation of each client every 2 ½ to 3 years. Speech and OT provide four hours of direct care staff training for new and current employees. During the inspection, a training session for nutritional management for

direct care staff was observed. This quality training is formalized with a training manual and included the appropriate elements for effective management of the nutritional management plans. The trainers provided a balance of instructional and educational information with “hands on” activities and gave employees detailed handouts which included a large section on precautions. Participants observed were asking and answering questions, participating in the activities, and gave examples of current residents who are using nutritional management plans.

Nutritional management plans provide detailed information regarding diet requirements, the consistency, size and number of portions, level of supervision needed by the resident, proper positioning and adaptive equipment needed. It was noted that the nutritional management plans located in the cottages would provide better information for the direct care staff charged with the responsibilities for carrying out the plans if more pictures were used and precautions noted.

The nutritionist works with the cafeteria staff and the direct care staff to identify the client as low, moderate or high risk (e.g., according to diagnosis such as elevated cholesterol, diabetes, or tube feeder). Client weights are monitored according to their risk category (e.g., high risk clients every 3 months, moderate risk every 4 months, and low risk every 6 months). After consulting a registered dietician who is not on site at the facility and the physician, dietary changes are recommended. The nutritionist also participates in the annual review of clients and identifies any possible food/drug interactions. With computerization of client records, the nutritionist hopes to have direct access to client weights and feeding behaviors instead of relying only on staff reports.

**Recommendation 3.1 A: Consider creating more readily available materials for staff reference for implementing the plans that include pictures of positioning, equipment and any noted precautions. Suggestions include using a clear photo frame for the plan that is set up in proximity to where the client is eating.**

**Recommendation 3.1 B: Review the frequency of monitoring the at risk residents weight to determine if this is adequate. A policy directing weights every three months for those at high risk for serious eating difficulties may result in delay in appropriate management of nutrition.**

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### **Finding 3.2: The facility has a mechanism for wheelchair clinics.**

Background: Approximately 70 of the 200 residents at SEVTC require wheelchairs. During the tour, it was noted that the wheelchairs used by the residents were in good working order, designed to meet the individual fitting needs of the residents and well maintained. There are provisions for the wheel chairs to be “broken down” and cleaned by night shift staff on average of once a week. Buildings and Grounds staff are also

instrumental in the maintenance of the wheelchairs and initiated a system for power washing the wheelchairs for additional cleanliness. They are trying to keep a record of a “wash schedule”. If non-prefabricated modifications are made to the wheelchairs, the Buildings and Grounds staff works with PT and OT to determine what is needed therapeutically for the client.

Wheelchair clinics provide for a means of routinely reviewing the needs of the residents regarding the current wheelchair size and outfitting to assure that needs of residents are appropriately met. PT and OT staff identifies residents that need new chairs and/or other problems that may be associated with wheelchair usage during regular “walk-throughs” in the cottages or other service areas. Staff interviewed felt that the administration had made funding of wheelchairs a priority. It was noted that the facility had an excellent working relationship with their vendor and the Buildings and Grounds staff who assist in wheelchair maintenance.

The facility is commended for allocating funds for appropriate wheelchairs and implementing a very effective process for wheelchair clinic and maintenance. Perhaps this process should be written up formally and shared with other training centers.

**Recommendation: Provide space and perhaps a limited amount of spare wheelchair parts and wood for this wheelchair maintenance program. Computerization of wheelchair maintenance and cleaning schedules would be more efficient if all team members had access to a computer terminal.**

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**Finding 3.3: The staff at SEVTC maximizes its efforts to provide the residents with active treatment opportunities despite staffing limitations.**

Background: Approximately half of the residents at this facility participate in either a prevocational or vocational training program. These activities provide for both on-site and off ground opportunities for residents in skill building, worksite training and vocational experiences. There is a workshop on grounds operated by the local CSB that provides day activities services to residents.

Recreation therapy has the largest complement of staff providing habilitation services. The seven therapists are active members of the ID team and provide the residents with opportunities to maximize their physical strength, obtain exercise, and participate in both on and off grounds activities.

There is one physical therapist and one physical therapist assistant (PTA). A therapy aide is shared between occupational therapy and physical therapy. The physical therapist recently became the Director of Habilitation Services, which expanded his

responsibilities within this setting. There are approximately 30 residents that receive acute care physical therapy services.

In addition to the supervision of the PTA's caseload, the physical therapist is responsible for developing physical management plans for the identified residents; completing annual and/or comprehensive evaluations; training of new and current staff regarding body mechanics and equipment safety; participation on committees; attending staffing; providing oversight for the wheelchair clinics and conducting residential checks.

There are three occupational therapists on staff. One OT staff person supervises the Nutritional Management Program. The typical caseload for each occupational therapist was nine residents. There are a number of residents at the facility that require tube feeding. The OT staff in conjunction with the speech therapists develops programs for oral stimulation of these residents in order to maintain their ability to swallow as well as provide opportunities to experience the stimulation associated with eating.

In addition to their roles of the nutritional management teams, the occupational therapists are developing sensory diets for residents who need them; assisting in developing physical management plans for the identified residents; completing annual and/or comprehensive evaluations; training of new and current staff on nutritional management and positioning; participating on the safety committee and other committees; attending staff meetings; and ordering equipment. It should be noted that all therapy staff felt supported by administration to get the equipment they need for therapy.

Many of the tasks performed by the habilitation specialists within this facility required the completion of comprehensive written reports. Interviews revealed there was little if any secretarial supports for these professionals.

**Recommendation 3.3 A: Evaluate the need for increased professional staff and/or aides trained in conducting OT and PT activities.**

**Recommendation 3.3 B: Consider hiring a secretarial person to use the skills of professional staff more efficiently.**

## **TREATMENT ENVIRONMENT**

**Finding 4.1: There are many innovative adaptations to equipment and adaptive equipment throughout the facility designed to meet the needs of the individuals.**

Background: During a tour of the facility, many innovative and safe adaptations were noted. Some adaptations were: Padded bed railings, heads of bed and chairs raised on blocks or secured so they would not tip over, changing tables, tilt tables, and standing frames. Also, toilet tops were adapted to keep clients out of the toilets and shelves and bathtubs were adapted with hoist lifts. As this facility does not have a rehabilitation



engineer, it was learned that members of the Buildings and Grounds staff were responsible for designing and creating many of these with the input from therapy staff. Their talents and interest in assisting the residents at this facility is commended.

**Recommendation: Efforts should be made to share ideas and adaptation created at this facility with the other training centers.**

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**Finding 4.2: The playground area presents a hazard to residents.**

Background: There is an outdated playground at the facility that provides residents with the opportunity to swing. There is no wheelchair swing. The bridge to the playground is a potential safety hazard, as the edge of the bridge doesn't meet the sidewalk in a smooth manner. In addition, the sculpture near the playground presents a hazard to the residents.

**Recommendation: Repair the bridge to the playground, remove the sculpture, and add a wheelchair swing and mulching under all swings. Consider adding "fitness" type items (e.g., chinning bar, stepper, sit up platform etc) for your residents who are ambulatory.**

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**Finding 4.3: All the space does not seem to be used in an optimal manner.**

Background: At SEVTC there are 5 clusters and Building 28. The Clusters each have one building with larger rooms, while the other 3 buildings are smaller. Cluster 5 houses the most residents in wheelchairs and is extremely crowded, as these residents often require additional therapeutic equipment. Excess equipment, and different types of furniture were found among the buildings and in client rooms. Within many of the client rooms, hazardous waste cans were placed within the rooms and there was an extremely small space to allow the residents or the direct care staff to move. In one room, it was observed that staff needed to move a dresser in order to plug in a feeding pump. Many of the spaces were configured inefficiently and this is hazardous for staff safety as well as client accessibility. In 5 B, the rooms are a little larger and they were arranged well allotting the most space available for residents. In this space, there was no excess equipment and there was plenty of space for a resident to be on the floor. Lighting varies throughout the cottages. In some cottages, residents look up to bare bulbs when lying in their beds.

The bathrooms have been renovated in the 5 Cluster to provide staff with a hooyer lift to transfer residents into a tub. Each bathroom was renovated a little differently and not all

the hoist lifts are being used due to layout and staff preferences. A few of the Clusters are using roll-in wheelchair showers. Since these bathrooms were not designed for individuals with this level of impairment, they have to maneuver the stretcher in order to close the door of the bathroom. Excess equipment and supplies are also being stored in this bathroom.

Living room areas are small for the number of residents in wheelchairs as well as the additional therapeutic equipment needed. The turning radius needed for wheelchairs in most of these settings is not adequate.

Building 28 is one of the newer resident areas built at SEVTC and is wheelchair accessible. Currently, only a few residents in wheelchairs live in this building. These rooms are large and spacious for 2 or 3 beds and have less bulky furniture in them.

There are wheelchair accessible bathrooms in this building and the hallways, and eating and living spaces are larger than any of the other clusters. In addition, the vocational workshop area is in the back of this building.

Renovations may need to be considered in order to accommodate the residents currently served by the facility. Renovations may include: removing a bathroom sink and wall in the “shower rooms” to provide more room for the stretchers; building shelves or storage cabinets for supplies and equipment needed; removing a wall in the smaller cluster to have a bedroom with 4 residents (giving more turning radius for wheelchairs and equipment); building or purchasing smaller and more functional wardrobes, dressers, shelves etc.; renovation of bathrooms with a hoist lift to include enough space for the changing tables; changing the lighting at least in the bedrooms.

**Recommendations: Consider the re-allocation of space and equipment and/or residents so that residents in wheelchairs are in a larger, more usable space. If this is not possible, consider renovations of the cottages where residents in wheelchairs reside.**

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#### **Finding 4.4: Storage space is needed for unused equipment and excess supplies.**

Background: As previously noted, every effort is made by staff at SEVTC to assure that the wheelchairs used by the residents are designed and fitted to meet their individual needs. This can result in a need to obtain a different chair for an individual for a variety of reasons. The chair no longer suitable for one particular person can often be refurbished to meet the needs of another one. This recycling of equipment is cost effective but creates a dilemma regarding where to store the item until it is reused. The facility does not have a solution to this problem beyond using space intended for another use. Not only does

this create a cluttered feeling to the cottages and other service areas but it also presents a safety hazard for the residents.

**Recommendation: Review the current practice for storing unused equipment and excess supplies and develop alternative storage areas.**

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**Finding 4.5: Blinds and cords, electrical cords for tube feeding are potential hazards.**

Background: In the Clusters, windows are low to the ground and mini blinds are used for privacy and light. While observing lunch in one unit, a resident was on the mat on the floor crawling around. This resident was playing with the cord to the blinds and an electrical cord to a machine used by another resident. When the staff were asked about this, they did not seem concerned but did try to remove the items from the resident. Other residents were seen playing with the blinds in the main gathering areas.

**Recommendations: All blind cords need to be secured so they are not readily accessible to clients. Staff awareness about electrical and blind cords needs to occur.**

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**Finding 4.6: Staff interview identified the relationship with residents as the primary factor in job satisfaction and longevity.**

Background: Many of the staff members interviewed have been longstanding employees at the facility. They discussed that the relationship they have been able to establish with the residents over the years is the main reason for continuing in their positions. They take comfort in their knowledge of the residents and feel this awareness benefits them in recognizing even subtle changes in resident's behavior, which may indicate illness or be a prelude to behavioral problems. In one case reviewed, staff related that they could tell the person was "going to need medication" because of the "look in his eyes". This anticipated response has the potential of resulting in the automatic use of prn medications instead of a focus of less restrictive behavioral interventions. The nature and extent of these relationships are at times a mixed blessing for residents. This situation creates an environment where staff and clients have developed a culture that fosters a strong feeling of caring and commitment. This results in a close-knit, asylum-like protective community for residents, but also fosters resistance on the part of the staff to discharge clients to a community setting that they perceive as less committed and with fewer resources to serve their residents.

**Recommendation: Continue to find ways of supporting and recognizing this hardworking staff. Foster opportunities for staff to continuously challenge their thinking regarding the potential of each resident.**

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**Finding 4.7: The facility was clean and the grounds very well maintained.**

Background: During the tours of the facility, which occurred throughout the inspection process, it was noted that overall the facility was clean and odor-free. Renovations were occurring in several of the buildings, which required the sharing of spaces and many adjustments in space allocation and usage.

The grounds were well maintained, especially considering the limited number of staff assigned to this task and the many other responsibilities associated with the maintenance of a facility this size.

**Recommendation: The staff is to be commended for the cleanliness of this facility.**

<b>ACCESS TO MEDICAL CARE</b>
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**Finding 5.1: There is one physician and one Nurse Practitioner available to meet the medical needs of these physiologically complex individuals.**

Background: There is a good and close working relationship between these two primary care providers at SEVTC. In addition to the day coverage, these two staff rotate night and weekend call. The physician stated that he has appropriate access to medications and other necessary medical supplies and consultants necessary to treat the medical problems of residents at SEVTC. Several staff were questioned regarding access to the SEVTC medical professionals and there was consensus that they were available, accessible and responded well to urgent and emergent requests to see residents.

**Recommendation: Continue current level of medical staffing.**

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**Finding 5.2: One of the functions of the primary care physician is to accompany the consulting Psychiatrist, Neurologist and Allergist when present at the facility and seeing patients.**

Background: One of the greatest challenges for an outside physician in working with the resident population at an institution such as SEVTC is obtaining an accurate history on a patient who does not have the capacity to relate a history of symptoms. Having the facility physician accompany the consulting physician surely helps enhance communication about the residents both from the perspective of the consultant and the treating physician at this facility. This is very time inefficient, however the benefits to the residents may justify this practice.

**Recommendation: A review of this practice is recommended. Given current nursing and other staffing shortages, this may be the best way to assure that communication between primary care physician and consultant physician promotes implementation of the consultant's recommendation and appropriate follow up of the identified problem.**

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**Finding 5.3: The facility has limited access to a psychiatrist.**

Background: Currently there is .3 of a psychiatrist at this facility. This is for a caseload of over 120 patients, or about 60% of all SEVTC residents. The general follow up between psychiatrist visits is about 8 weeks. This was supported by the review of several charts for residents who had been seen by the psychiatrist. This is not adequate time to provide the level of service required by these individuals with complex behaviors and co-occurring psychiatric disorders.

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**Finding 5.4: There is a preponderance of old-fashioned antipsychotic medication in use at this facility.**

Background: At the time of the visit there were 76 residents receiving a type of medication known as an antipsychotic. 45 of these were on old-fashioned medications, which can be associated with long-term negative side effects such as movement disorders. The remaining numbers of patients are on newer medications, which are much less likely to cause the long-term side effects, but are also considerably more expensive. There is not unanimous agreement among psychiatrists that switching a stable patient from an older medication to try a newer one that may or may not provide the same benefit is in the best interest of the patient. However, given the medical and neurological vulnerabilities that already exist within the residents at this facility, it certainly could be argued that trials of the newer medications are in order to promote the likelihood of long-term safety. Medication management of this type is time consuming because it needs to be tailored to the individual needs of each resident and followed closely.

Additionally the notes as written by the psychiatrist might be more helpful if they were dictated in a standardized format so that all staff could benefit from the opinion and recommendations of this consultant. Another possibility to increase this communication might be standardized progress notes such as those used within the Texas Algorithm Project. It is critical in working as a psychiatrist with this population to provide education and expectations to the staff working with these individuals regarding working diagnosis and target symptoms of these individuals. This increases the likelihood greatly of getting reliable information in order to accurately assess the response to a recommended medication.

**Recommendation: Increased access to a psychiatrist who has more time to individualize and optimize medication as well as revising the documentation format of visits so that all staff interacting with a resident can access information about expected benefits of a particular medication.**

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**Finding 5.5: There are 14 individuals who remain on Mellaril (also known as Thioridazine).**

Background: Mellaril is a medication that within the last year was given a “black box” labeling by the Federal Drug Administration (FDA). The problem associated with this medication is an abnormal heart rhythm. Mellaril is a medication that has been widely used for over twenty-five years. Some persons with mental retardation and their families become very attached to certain medications that have been successful in providing relief from the ongoing anxiety and aggression that can accompany serious mental retardation. There is often resistance from family and staff to change medication. However, in this situation the risks associated with maintenance on this medication Vs the potential benefits associated with a trial of a newer medication (or no medication) clearly weigh in favor of a trial of attempts to eliminate the Mellaril. The staff at SEVTC are aware of the concerns relating to ongoing use of Mellaril. There are completed and current EKG’s in each of the charts that were reviewed for patients remaining on Mellaril. This was done to assure that the individuals do not have the concerning heart rhythm abnormality, but does not prevent them from developing it.

**Recommendation: Reprioritize the elimination of Mellaril. This may require family education and interaction with the consulting psychiatrist such that comfort with close monitoring on no medication or alternative medication can be tried. Additionally this will require coordination with psychology and behavioral staff as behaviors amenable to intensive behavioral treatment may become evident.**

**Finding 6.1: This facility has experienced some difficulty in the past few years recruiting students for practicum experiences.**

**Background:** This facility has developed a number of practicum and intern experiences with area colleges and universities. Among those relationships are Norfolk State University's Clinical Psychology and Special Education program; Old Dominion University's Speech Therapy and Special Education programs and Tidewater Community College's program which result in an associate's degree in developmental disabilities.

As opportunities for community-based experiences have increased, fewer students are seeking extended practicum experiences at the facility. One such example is the nursing program offered at Louise Obici Hospital in Suffolk. Students for that training program come to the facility for a day internship. This includes an orientation to the facility, an overview of the unique challenges associated with working with this population and spending the day doing rounds with the primary nursing staff.

Staff shortages have also prevented the active use of some students because the time requirements associated with doing the required supervision of students are prohibitive.

Training programs provide many benefits to a state operated facility. The benefits to the residents include the influx of new ideas from educated outsiders including students as well as associated faculty and instructors. There are also immediate benefits regarding increased stimulation through increased exposure to other helpers. The long-term benefits to the residents include increased sensitivity to the conditions of the Mentally Retarded as well as possible advocacy for them. The benefits to staff include increased morale through opportunities to expose interested others to the work staff have chosen as a career.

**Recommendation: Continue to develop and foster practicum and intern experiences.**

<b>NOTABLE ADMINISTRATIVE PROJECTS</b>
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**Finding 7.1: This facility has established a number of quality assurance projects.**

**Background:** This facility has established a number of quality assurance projects

within a relatively short period of time. The current Quality Assurance Manager also functions as the Director of Medical Records. She has been in this position for the past six months. The Director in coordination with the Quality Management Team have established five objectives, which are outlined in the facility's Quality Management Plan. Objective areas address concerns regarding the maintenance of a competent workforce, improving the general health of the residents, assuring human rights requirements are met, enhance resident services and ensure efficient operations of the facility.

**Recommendation: Continue with the development of this relatively new program within this setting.**

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**Finding 7.2: The pharmacy has begun a system for the review of all unexplained medication returns.**

Background: This is a performance improvement project that has been associated with numerous areas for review. There was inconsistency in documentation regarding missed doses of medication as well as other practices that had emerged which indicated a need for revision and education of staff. As a result of this project, the number of unexplained medication returns (i.e. medication not given to the resident in the unit and returned to the pharmacy) has reduced considerably. It is hoped that this represents an actual reduction in the number of missed medication doses. SEVTC uses medication technicians and not licensed professionals for the administration of medication. As such, the ability to monitor the process and educate staff as needed is essential in the safe delivery of complex medications to this set of residents with complex needs. This facility has chosen to use the limited amount of nursing time available for the direct health needs of individuals rather than the administration of medication. This would mean that a person having difficulty with side effects from a particular dose of medication would have access to nursing assessment as a result of a call to the nurse made by a medication tech or other direct care staff. The concern would be the assurance that the direct care staff know the patient and medication well enough to know when to call. For experienced staff, this is less concerning than for new, transient and less experienced staff. This is why the process the pharmacy is developing is critical to resident safety.

**Recommendation: Continue to develop this project such that opportunities for the enhancement of the medication administration process at SEVTC are identified and prioritized. This is critical for resident safety.**

<b>FACILITY CHALLENGES</b>
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**Finding 8.1: The majority of staff interviewed indicated that shortages in direct care staff poses the greatest challenge for providing quality care to residents of the facility.**

Background: The majority of staff interviewed: from members of administrative services to direct care staff indicated that shortages in direct care staff created multiple challenges for the facility. These ranged from difficulties in securing adequate coverage, increased use of overtime, problems in effectively implementing established programs and active



treatment goals for the residents and severely limiting the number of enhanced services that can be created and implemented.

Unlike many of the other facilities across the Commonwealth, this one has difficulty recruiting for vacant positions. This is attributed to the economy and the availability of competitive employment opportunities in this metropolitan area.

**Recommendation: Continue to explore options for recruiting and retaining staff in these key positions.**